



Family Health Dataline

IN THIS ISSUE:

We describe and provide initial evaluation of Alaska's early intervention services and Part H of the Individuals with Disabilities Education Act.

- 5.5% of all Alaskan children 0 through 2 years of age received early intervention services.
- 42% of children receiving early intervention services received services under Part H.
- The percentage of children enrolled under Part H varied by program from 10 to 90%.
- Initial evaluation suggests that implementation of Part H did not result in a transfer of resources from less to more severely delayed children.

Early Intervention Services In Alaska and Part H of the Individuals with Disabilities Education Act

Introduction

Alaska has had an early intervention service system called the Infant Learning Program (ILP) in place since 1978. The Section of Maternal, Child, and Family Health administers this program and receives funds from State and Federal sources in order to provide assessment, policy development, and technical assistance to 23 grantees. These grantees then provide comprehensive, collaborative, community-based, family-centered, early intervention services for children, ages birth through two, who experience a developmental delay or who are at risk for a delay. Twenty locally based Early Intervention/Infant Learning Programs deliver the majority of early intervention services in Alaska. These programs serve as state grantees under local agencies for a specifically defined region; region size and number of staff vary widely. Two statewide Early Intervention/Infant Learning Service Programs serve children who experience disabilities of a specific nature: the Blind/Visually Impaired Program (VISIT) and the Hearing Impaired Infant Learning Program. Additionally, the Statewide Evaluation Travel Team (SETT) provides multi-disciplinary evaluations for children with involved medical and developmental needs in rural areas that do not have a locally based community evaluation team.

Part H

Part H of the Individuals with Disabilities Education Act (IDEA), formerly Public Law 99-457, is the amendment to the Education of the Handicapped Act of 1975. The Education of the Handicapped Act provided for free, appropriate public education for all handicapped children of **school age**. When Part H was passed in 1986, Congress noted the need to provide early intervention services to enhance the development of **infants and toddlers** with special developmental needs and recognized the potential cost effectiveness of providing those services early in life¹.

The Interagency Coordinating Council

In order to assist states in carrying out Part H requirements, Interagency Coordinating Councils have been appointed in all states participating in the infant and toddler program of Part H. In Alaska, the Governor's Council

on Disabilities and Special Education has acted as the Interagency Coordinating Council with an appointed subcommittee (the Early Intervention Committee) to address the service needs and delivery to families with children under the age of six who have special needs.

Part H and Alaska's Early Intervention System

In 1986 Alaska began to explore the possibility of providing services under Part H to children who experience disabilities and to their families. Following 7 years of planning, during September 1993 Alaska entered full implementation of Part H. As part of the decision to enter into Part H, Alaska elected to define narrowly the levels of delay which would qualify for entitlement service. Levels of delay were categorized as severe, moderate, mild, or at risk (Table 1). Currently, Part H in Alaska includes only those children who experience a severe developmental delay or who have an identified condition that is likely to result in a significant delay. Children who have or are at risk for less severe delays and who do not qualify for entitlement, but who would benefit from services, may receive services depending on available funding. Unfortunately, current funding levels do not support services to all children identified who could potentially benefit from these services.

Eligibility for services is determined by a multi-disciplinary team which includes a variety of health care providers (nurses, physicians, nutritionists, physical/occupational therapists, speech/language pathologists, etc.), special educators, and the child's parents. The choice of the appropriate health care providers

depends on the child's unique condition and needs. In order to determine eligibility, a team of early intervention and health care providers assess the child's abilities and deficiencies in each of five developmental areas. The Alaska Infant Learning Program does not have an income criteria for eligibility for services.

Table 1. Categories of severity of primary disability. The percentages refer to delay in at least one of five developmental areas: cognitive, physical, communication, social/emotional, and adaptive.

SEVERE	> 50%
MODERATE	25 - 49%
MILD	15 - 24%
AT RISK	< 15%, or at risk of disability based on a specific condition

Although Alaska's definition for Part H eligibility is narrow, we have been successful in changing the entire structure and method of service delivery to meet the "best practice" intent of Part H. Part H has allowed us to:

1. Change from a child deficit based model of service to a family centered model.
2. Increase and expand early intervention services to infants, toddlers and families. Services are now more comprehensive in nature, are provided to more families, and employ non-traditional models that reflect the state's cultural diversity.
3. Provide services on a statewide basis.
4. Establish an advocacy Interagency Coordinating Council which has both strengthened and empowered families and early intervention staff in maintaining efforts to reach all children who need services.

Evaluating the impact of Part H on ILP has been a priority for the Section of Maternal, Child, and Family Health. Because Part H is an entitlement program there has been concern that eligible children and families would use all available funds and that children with mild or moderate delays, or those who are at risk for such delays, would not receive needed preventative early intervention services.

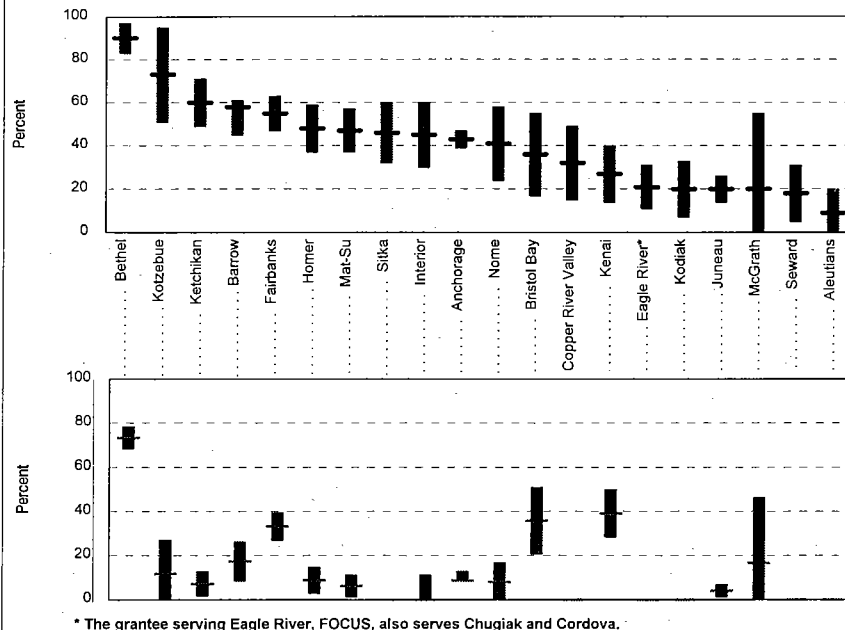
Evaluation of Part H

From July 1994 through June 1995, there were 1,829 children enrolled in ILP of whom 776 (42%) were entitled to services and 1,053 (58%) were not eligible for Part H but were enrolled and received early intervention services.

To determine the proportion of all children 0 through 2 years of age served by ILP, we requested the number of births over the three year period 1992-94 from the Section of Vital Statistics for each area served by the 20 ILP programs. To calculate rates of children receiving services, we used the number of births as an approximation of the number of children 0 through 2 years of age in each program area from July 1994 to June 1995. We found that ILP (Part H and non-Part H) served 55 children per 1000 live births, or approximately 5.5% of

all children 0 through 2 years of age in Alaska. The variation between programs, however, was considerable, with a low of 29 per 1000 live births (or 2.9% of children 0 through 2 years) in Fairbanks and Kotzebue and a high of 201 per 1000 live births (or 20.1% of children 0 through 2 years) in Homer.

Figure 1. Percentage of children receiving Infant Learning Program (ILP) Services enrolled through Part H (upper figure) and percentage of all children identified by ILP who were placed on a wait list (lower figure), by grantee; Alaska 7-94 to 6-95. The horizontal line indicates the actual percentage. The upper and lower ends of the horizontal bar indicate the 95% confidence limits.



Part H enrollment also varied greatly among the 20 local ILPs (Figure 1-upper figure). In some programs, up to 90% of enrolled children qualified for Part H while in other programs less than 20% qualified for Part H.

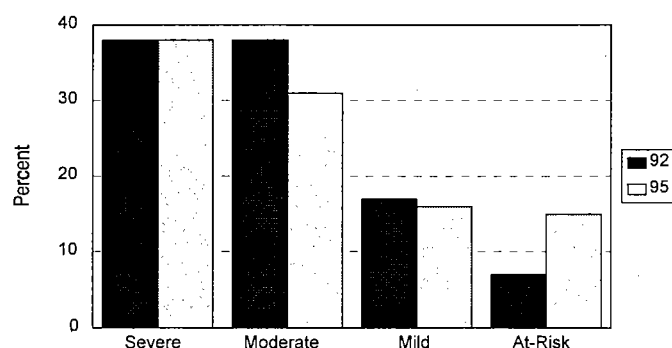
Several theories exist to explain variations among programs in the rate of children receiving ILP services and the proportion of those receiving services who qualify for Part H: 1) Geographic variations in the distribution of children experiencing delays may exist. For example, previous research suggests that the occurrence of fetal alcohol syn-

drome may vary among different groups (Alaska Division of Public Health, unpublished data). 2) Programs may not receive sufficient funds to enroll all eligible children. This will affect total enrollment and particularly, since Part H eligible children are entitled to services, those not enrolled under Part H. 3) Geographic isolation and program acceptance by the community may limit the ability of ILP staff to identify all children who would benefit from services.

There were no Part H eligible children who did not receive services. However, 467 children were identified through ILP outreach as needing either evaluation or services but who were placed on a wait-list because of program fiscal constraints. Of all children identified by ILP (Part H, Non-Part H, and wait-list) the percentage who were placed on a wait-list varied among the 20 local ILPs from 0 to 73% (Figure 1-lower figure).

We compared the category of delay among enrolled children on December 1, 1992, before implementation of Part H, to categories of delay on June 30, 1995, 18 months after full implementation of Part H. On Dec. 1, 1992 and June 30, 1995, respectively, 712 and 914 children were enrolled, 7% and 15% were at-risk, 17% and 16% had a mild delay, 38% and 31% had a moderate delay, and 38% during both years had a severe delay (Figure 2). These data indicate that implementation of Part H has not decreased the proportion of children with less than a severe delay who receive ILP services. Instead, the percentage of enrolled children with severe delay has remained the same while the percentage of enrolled children at-risk has doubled.

Figure 2. Infant Learning Program enrollment by severity of primary disability and year; Alaska, 1992,1995



Conclusion

Participation in Part H has provided positive results to the Alaska Early Intervention/Infant Learning system. We have moved towards a comprehensive, family centered, community based provision of services and have worked through community collaboration. On-going assessment of the impact of Part H on the early intervention system will continue along with an in-depth look at the overall and individual costs of providing entitlement services at the current level of eligibility.

Before implementation of Part H, fears were voiced that creation of an entitlement program for Part H eligible children would result in a shift in resources from children with less than severe delays to

children with severe delays. Our data suggest, however, that implementation of Part H has not resulted in an increase in enrollment of children with severe delay. To the contrary, enrollment of children at risk of delay actually doubled, although the reasons for this remain unexplained.

Several areas of concern were identified through our analysis. We identified variations by program in the rate of children enrolled, the ratio of enrolled Part H eligible to non-Part H eligible children, and the number of children placed on a wait-list. The reasons for these findings are not clear but likely result from disparities in the number of children who qualify for services in a specific area, the ability of

staff to identify these children, and the amount of funding individual programs receive. Since all Part-H eligible children received services, our findings suggest that a large group of children with mild and moderate delays or at-risk for delays do not receive services. This information is particularly troubling since these may be the children who have the greatest potential of responding positively to early intervention. Further work is needed to determine the outcomes of children enrolled in early intervention services and to obtain funding and conduct outreach to serve those children most likely to benefit from these services.

References

1. Bluma B.S., Shearer M., Frohman A., Hillard J. *Portage Guide to Early Education*. Co-operative Educational Service Agency, no. 12, Portage, WI. 1976.

Submitted by:

*Pam Muth, MPH and
Susan Jones, RN, MSN*

Family Health Dataline is a monthly publication of the Alaska Department of Health and Social Services; Division of Public Health; Section of Maternal, Child, and Family Health, 1231 Gambell Street, Anchorage, AK 99501, (907) 274-7626 (fax) 277-6814.

Section Chief Karen Pearson
Editor/Unit Manager Brad Gessner
Staff Kathy Perham-Hester
Design/Layout Kaye Saxon
Printing Continuous Printing of Alaska



Vol. 1, No. 6

Family Health *Dataline*
State of Alaska, MCFH
1231 Gambell Street
Anchorage, Alaska 99501

Address Correction Requested

BULK RATE
U.S. POSTAGE
PAID
ANCHORAGE, AK
PERMIT NO. 297